

Note Well:

In addition to burns, be responsive to the high probability of associated injuries such as cardiac disturbances, musculoskeletal injuries secondary to forces involved with electrocution, blunt and or penetrating trauma. Always assess severity of entrance and exit wounds and all organs in between. Document completely on the patient care report.

I. All Provider Levels

1. Scene Safety



Note Well:

It is critically important that the rescuer be certain that rescue efforts will not put him or her in danger. Have authorized personnel shut off the power source.

2. Refer to the Trauma Assessment Protocol.



Note Well: Consider the probability of cervical spine injury and take the appropriate precautions.

- 3. Determine the victim's cardiopulmonary status.
 - A. If spontaneous respirations are present, administer high-flow oxygen as appropriate.

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I. All Provider Levels (continued)

- B. If spontaneous respirations or circulation are absent, initiate CPR with BVM and 100% oxygen.
 - i. Attach AED and analyze rhythm.

Note Well

Note Well: EMT-I and EMT-P should utilize the monitor-defibrillator

ii. Defibrillate patient with AED.

Note Well: EMT-I and EMT-P should utilize the

manual defibrillator

iii. Initiate advanced airway management with Combi-tube.

Note Well: EMT-I and EMT-P should use ET

intubation.





II. Advanced Life Support Providers

- 1. Continuous cardiac monitoring, referring to the appropriate dysrhythmia algorithm as needed.
- 2. Establish large bore IV access, with normal saline.
 - A. Fluid rate to maintain B/P > 100 mmHg.
 - B. Fluid bolus 500 cc 1,000 cc Normal Saline, to a maximum of 2000 cc.
 - C. Reassess after each bolus.

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III. Transport Decision

1. Consider transport to the Burn Center (MedSTAR).



IV. The Following Options are Available by Medical Control Only

1. Morphine sulfate 2 - 5 mg slow IV push to a maximum dose of 10 mg for pain control

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